Private Health Insurance Detail (HP) Section

```
---------------------------------------------------------
| NOTE:  FOR 'CATEGORY NAME FROM HX03 OR HX23',           |
| DISPLAY THE FOLLOWING:                                  |
|                                                         |
| - 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03       |
| - 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03           |
| - 'UNION' IF CODED '3' AT HX03                          |
| - 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED       |
|   '4' AT HX03                                           |
| - 'INSURANCE AGENT' IF CODED '5' AT HX03                |
| - 'INSURANCE COMPANY' IF CODED '6' AT HX03              |
| - 'HMO' IF CODED '7' AT HX03                            |
| - 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03              |
| - 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03      |
| - THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03      |
| - 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR          |
|    THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03         |
|                                                         |
| - 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23           |
| - 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED       |
|   '2' AT HX23                                           |
| - 'SCHOOL' IF CODED '3' AT HX23                         |
| - 'INSURANCE AGENT' IF CODED '4' AT HX23                |
| - 'INSURANCE COMPANY' IF CODED '5' AT HX23              |
| - 'HMO' IF CODED '6' AT HX23                            |
| - 'UNION' IF CODED '7' AT HX23                          |
| - 'ANYONE'S PREVIOUS EMPLOYER (COBRA)' IF CODED         |
|   '8' AT HX23                                           |
| - 'ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)' IF           |
|   CODED '9' AT HX23                                     |
| - 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER'        |
|   IF CODED '10' AT HX23                                 |
| - 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23           |
| - 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12'       |
|   AT HX23                                               |
| - THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23      |
| - 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED          |
|   INSURANCE' IF CODED '-7' OR '-8'                      |
---------------------------------------------------------


---------------------------------------------------------
| NOTE:  FOR ROUND 5, THE END DATE IS DISPLAYED IN        |
| THE CONTEXT HEADER FOR QUESTIONS HP04 - HP18.           |
---------------------------------------------------------
```

BOX_01
======

```
-----------------------------------------------------
|   IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE    |
|   EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH        |
|   INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED'      |
|   WITH A FIRM-SIZE-1, GO TO LOOP_01                  |
-----------------------------------------------------


-----------------------------------------------------
|   IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON   |
|   AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM   |
|   A SCHOOL)), GO TO HP03                             |
-----------------------------------------------------


-----------------------------------------------------
|   IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL)   |
|   AT HX23, CONTINUE WITH HP01                        |
-----------------------------------------------------
```

HP01
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Does this insurance cover only injuries caused by accidents,
or does it have general health coverage?

```
GENERAL HEALTH COVERAGE ................ 1
ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
REF .................................... -7
DK ..................................... -8
```

PRESS F1 FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Would this insurance cover health services outside of a school
clinic?

```
YES ..................................... 1
NO ...................................... 2 {BOX_11}
REF ..................................... -7
DK ...................................... -8
```

HP03
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an)
(INSURANCE SOURCE).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

```
HEALTH INSURANCE THROUGH (INSURANCE
SOURCE) HAS NOT ALREADY BEEN
DISCUSSED ............................. 1
HEALTH INSURANCE THROUGH (INSURANCE
SOURCE) HAS ALREADY BEEN DISCUSSED ..... 2 {BOX_11}
```

[Code One]

```
-----------------------------------------------------
|   IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG  |
|   ITEM FOR SOURCE CLEAN-UP.                         |
-----------------------------------------------------
```

LOOP_01
=======

```
-------------------------------------------------------
| FOR EACH OF THE FOLLOWING:                          |
|                                                     |
| ESTABLISHMENT 1                                     |
| ESTABLISHMENT 2                                     |
| ESTABLISHMENT 3                                     |
| ESTABLISHMENT 4                                     |
|                                                     |
| ASK BOX_01A-END_LP01                                |
-------------------------------------------------------
```

```
-------------------------------------------------------
| LOOP DEFINITION:  LOOP-01 COLLECTS DETAILED         |
| INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN     |
| EMPLOYER OR THE ESTABLISHMENT NAMES OF THE          |
| INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23.  |
| IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER   |
| ONLY ONE LOOP CYCLE IS COMPLETED.                   |
|                                                     |
| IF LOOPING ON INSURANCE PROVIDED THROUGH AN         |
| INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE     |
| FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT    |
| NAME OF THE INSURANCE SOURCE.  SUBSEQUENT CYCLES,   |
| IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18.     |
| IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN   |
| TO COLLECT THE NEXT ESTABLISHMENT NAME.  IF HP18    |
| IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED),  |
| OR '-8' (DON'T KNOW), THE LOOP ENDS.                |
-------------------------------------------------------
```

BOX_01A
=======

```
-------------------------------------------------------
| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN          |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT   |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,      |
| GO TO HP09                                          |
-------------------------------------------------------
```

```
-------------------------------------------------------
| OTHERWISE, CONTINUE WITH HP04                       |
-------------------------------------------------------
```

HP04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Please give me the name of one of the {(INSURANCE SOURCE)} {from
which anyone in the family purchased this insurance/which covers
anyone in the family/insurance companies for the insurance
purchased from an agent}.

INTERVIEWER: VERIFY WITH RESPONDENT AND SELECT
(ESTABLISHMENT) BELOW:

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

ROSTER. ESTABLISHMENT	HP04_02. STREET	HP04_03. CITY
1. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]
2. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]
3. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]

```
------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL         |
|  ESTABLISHMENTS WHICH ARE SOURCES OF PRIVATE        |
|  INSURANCE IN THE RU-ESTABLISHMENTS-ROSTER (THIS    |
|  DOES NOT INCLUDE ESTABLISHMENTS FLAGGED AS         |
|  'EMPLOYER' AND 'SELF-EMPLOYED' WITH A FIRM-SIZE-1  |
|  THAT ARE COMING FROM THE HX03 SERIES).             |
------------------------------------------------------
```

```
----------------------------------------------------------
|  ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS:          |
|                                                         |
|  1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT            |
|     ALREADY LISTED OR SELECT 'NONE OF THE ABOVE'.       |
|  2. ONLY ONE SELECTION MAY BE MADE.                     |
|  3. INTERVIEWER CANNOT ADD AT THIS SCREEN.              |
|     ESTABLISHMENTS ARE 'ADDED' BY USING 'NONE OF        |
|     THE ABOVE'.                                         |
|  4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E.,     |
|     CTRL/D).                                            |
----------------------------------------------------------
```

```
----------------------------------------------------------
|  DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON       |
|  THIS ROSTER.                                           |
----------------------------------------------------------
```

```
----------------------------------------------------------
|  DISPLAY '(INSURANCE SOURCE)' IF NOT LOOPING ON         |
|  CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4'         |
|  (INSURANCE AGENT) AT HX23.                             |
|                                                         |
|  DISPLAY 'from which anyone in the family purchased     |
|  this insurance' IF NOT LOOPING ON CODE '5'             |
|  (INSURANCE AGENT) AT HX03 OR CODES '4' (INSURANCE      |
|  AGENT) OR '12' (UNDER PLAN OF SOMEONE NOT LIVING       |
|  HERE) AT HX23.                                         |
|                                                         |
|  DISPLAY 'which covers anyone in the family' IF         |
|  LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT        |
|  LIVING HERE) AT HX23.                                  |
|                                                         |
|  DISPLAY 'insurance company for the insurance           |
|  purchased from an agent' IF LOOPING ON CODE '5'        |
|  (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE       |
|  AGENT) AT HX23.                                        |
----------------------------------------------------------
```

```
----------------------------------------------------------
|  NOTE: THE CONTEXT HEADER DISPLAYED ON SCREENS          |
|  HP04- HP08 DEPENDS ON THE PATH THAT LEADS TO           |
|  THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON          |
|  (I.E., JOBHOLDER WHEN COMING FROM AN HX03              |
|  CATEGORY), CAPI DISPLAYS THE PERSON AND START          |
|  DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT,        |
|  CAPI DISPLAYS THE ESTABLISHMENT AND START DATE.        |
|  OTHERWISE, CAPI DISPLAYS THE START DATE.               |
----------------------------------------------------------
```

```
------------------------------------------------------
| IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT|
| LIVING HERE) AT HX23 AND IF 'NONE OF THE ABOVE'   |
| IS SELECTED, GO TO HP07                           |
------------------------------------------------------


------------------------------------------------------
| IF 'NONE OF THE ABOVE' IS SELECTED AND IF NOT     |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT   |
| LIVING HERE) AT HX23, GO TO HP06                  |
------------------------------------------------------


------------------------------------------------------
| OTHERWISE, CONTINUE WITH HP05                     |
------------------------------------------------------
```

HP05
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Is the address of (ESTABLISHMENT):

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY......., ST, ZIP..}
{EST. TEL #}

```
    ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_02}
    ADD NEW ADDRESS FOR ESTABLISHMENT}...... 2
    ABOVE ADDRESS/TELEPHONE NEEDS
        CORRECTION ......................... 3 {HP08}
    SELECTED WRONG ESTABLISHMENT/ADDRESS ... 4
    REF ................................... -7 {BOX_02}
    DK ................................... -8 {BOX_02}
```

[Code One]

```
------------------------------------------------------
| IF CODED '4' (SELECTED WRONG ESTABLISHMENT/       |
| ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER |
| CAN SELECT THE CORRECT ESTABLISHMENT.             |
------------------------------------------------------
```

HP06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

What is the {new} address of (ESTABLISHMENT)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD
LOCATION WHERE PERSON PURCHASED INSURANCE.

```
                      Current Info:  [ESTABLISHMENT]
                                     [STREET ADDRESS1]
                                     [STREET ADDRESS2]
                                                [CITY]
                                               [STATE]
                                            [ZIP CODE]
                                            [TELEPHONE]

        ESTABLISHMENT (HP06_01):  [_____]
     STREET ADDRESS1 (HP06_02):  [_____]
     STREET ADDRESS2 (HP06_03):  [_____]
                 CITY (HP06_04):  [_____]
                STATE (HP06_05):  [_____]
             ZIP CODE (HP06_06):  [_____]
            TELEPHONE (HP06_07):  [_____]
```

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW |
| ADDRESS FOR ESTABLISHMENT). OTHERWISE, USE A |
| NULL DISPLAY. |

| NOTE: SINCE TYPE OF COVERAGE INFORMATION IS NOT |
| COLLECTED UNTIL AFTER WE COLLECT ADDRESS |
| INFORMATION, WE WILL BE COLLECTING ADDRESS |
| INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT |
| BE PART OF THE HIPS SAMPLE. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER. |

```
-----------------------------------------------------
|  GO TO BOX_02                                      |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  NOTE:  WE NOW PLAN TO COLLECT FULL ADDRESS        |
|  INFORMATION FOR SOURCES OF HEALTH INSURANCE IN    |
|  ROUND 2 AND BEYOND.  THIS ALLOWS US TO CONTINUE TO|
|  UNIQUE ESTABLISHMENTS AND ALLOWS FOR MAXIMUM      |
|  FLEXIBILITY (E.G., IF WE WANT TO HIPS AGAIN).     |
-----------------------------------------------------
```

HP07
====

{STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

You mentioned that someone in the family receives health
insurance from the plan of someone not living here. How
does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.
              ADDRESS INFORMATION IS NOT NECESSARY.

      [Enter Establishment Name]

```
-----------------------------------------------------
|  NOTE:  ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE  |
|  NOT LIVING HERE) OF HX23 IS ASKED HP07.           |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-     |
|  ROSTER. DISPLAY ADDRESS AS 'NOT NECESSARY'.       |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  GO TO BOX_02                                      |
-----------------------------------------------------
```

HP08
====

                {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
                ESTABLISHMENT.........} {STR-DT}
                {END-DT}

                INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

                CORRECT ADDRESS OR TELEPHONE FOR: (ESTABLISHMENT)

                PRESS ENTER TO CONFIRM ENTRY OF INDIVIDUAL FIELD. RE-TYPE
                ENTIRE LINE FOR INCORRECT FIELD.

                              Current Info: [ESTABLISHMENT]
                                             [STREET ADDRESS1]
                                             [STREET ADDRESS2]
                                                       [CITY]
                                                      [STATE]
                                                   [ZIP CODE]
                                                  [TELEPHONE]

                 ESTABLISHMENT (HP08_01): [_____]
              STREET ADDRESS1 (HP08_02): [_____]
              STREET ADDRESS2 (HP08_03): [_____]
                         CITY (HP08_04): [_____]
                        STATE (HP08_05): [_____]
                     ZIP CODE (HP08_06): [_____]
                    TELEPHONE (HP08_07): [_____]

                    PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

BOX_02
======

```
     ----------------------------------------------------
    |  IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS |
    |  'GROUP'.                                          |
    |  IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS       |
    |  'UNION'.                                          |
    |  IF HX03 IS CODED '4', FLAG ESTABLISHMENT AS       |
    |  'HEALTH ALLIANCE'.                                |
    |  IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS       |
    |  'INSURANCE COMPANY-FROM AN AGENT'.                |
    |  IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS       |
    |  'INSURANCE COMPANY'.                              |
    |  IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.|
    |  IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS       |
    |  'PREVIOUS EMPLOYER, NOT COBRA'.                   |
    |  IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS       |
    |  'COBRA'.                                          |
    |  IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS      |
    |  'UNKNOWN TYPE-COLLECTED AT OTHER'.                |
    |                                                    |
    |  IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS       |
    |  'GROUP'.                                          |
    |  IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS       |
    |  'HEALTH ALLIANCE'.                                |
    |  IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS       |
    |  'SCHOOL'.                                         |
    |  IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS       |
    |  'INSURANCE COMPANY-FROM AN AGENT'.                |
    |  IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS       |
    |  'INSURANCE COMPANY'.                              |
    |  IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS       |
    |  'HMO'.                                            |
    |  IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS       |
    |  'UNION'.                                          |
    |  IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS       |
    |  'COBRA'.                                          |
    |  IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS       |
    |  'PREVIOUS EMPLOYER, NOT COBRA'.                   |
    |  IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS      |
    |  'SPOUSE PREVIOUS EMPLOYER'.                       |
    |  IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS      |
    |  'EMPLOYER'.                                       |
    |  IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS      |
    |  'UNKNOWN TYPE-OUTSIDE RU'.                        |
    |  IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS      |
    |  'UNKNOWN TYPE - COLLECTED AT OTHER'.              |
     ----------------------------------------------------
```

BOX_03
======

```
            ------------------------------------------------------
            |   IF LOOPING ON AN HX23 CATEGORY, GO TO HP11        |
            ------------------------------------------------------


            ------------------------------------------------------
            |   OTHERWISE, CONTINUE WITH HP09                     |
            ------------------------------------------------------
```
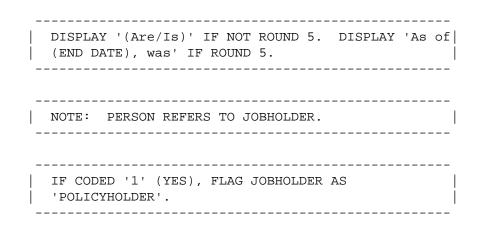
HP09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

{(Are/Is)/As of (END DATE), was} (PERSON) the primary insured
person or policyholder of this health coverage through
(ESTABLISHMENT)?

```
        YES ..................................... 1 {LOOP_02}
        NO ...................................... 2
        REF ..................................... -7
        DK ...................................... -8
```

        PRESS F1 FOR DEFINITION OF POLICYHOLDER.

```
            ------------------------------------------------------
            |   DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY 'As of|
            |   (END DATE), was' IF ROUND 5.                      |
            ------------------------------------------------------


            ------------------------------------------------------
            |   NOTE:  PERSON REFERS TO JOBHOLDER.                |
            ------------------------------------------------------


            ------------------------------------------------------
            |   IF CODED '1' (YES), FLAG JOBHOLDER AS             |
            |   'POLICYHOLDER'.                                   |
            ------------------------------------------------------
```

HP10
====

```
{NAME OF ESTABLISHMENT........}  {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{EMPLOYER/JOBHOLDER PAIR 1}
{EMPLOYER/JOBHOLDER PAIR 2}
{EMPLOYER/JOBHOLDER PAIR 3}

        JOBHOLDER/EMPLOYER IS LISTED ........... 1 {END_LP01}
        JOBHOLDER/EMPLOYER IS NOT LISTED ....... 2 {END_LP01}
        REF .................................. -7 {END_LP01}
        DK .................................. -8 {END_LP01}

           PRESS F1 FOR DEFINITION OF POLICYHOLDER.


                       [Code One]
```

```
     ------------------------------------------------
    |  DISPLAY 'is' IF NOT ROUND 5.  DISPLAY 'was' IF   |
    |  ROUND 5.  DISPLAY 'on (END DATE)' IF ROUND 5.    |
    |  OTHERWISE, USE NULL DISPLAY.                     |
     ------------------------------------------------


     ------------------------------------------------
    |  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PAIRS  |
    |  ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT |
    |  MEET BOTH OF THE FOLLOWING CONDITIONS:           |
    |                                                   |
    |  - ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT |
    |     IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE'|
    |  AND                                              |
    |  - PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY   |
    |     ESTABLISHMENT                                 |
     ------------------------------------------------


     ------------------------------------------------
    |  IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
    |  KNOW), FLAG FOR EVENT CLEANUP.                   |
     ------------------------------------------------
```

HP11
====

{NAME OF ESTABLISHMENT.........} {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

  [1. First Name,[Middle Name],Last Name-35] ..
  [2. First Name,[Middle Name],Last Name-35] ..
  [3. First Name,[Middle Name],Last Name-35] ..
  REF .... -7
  DK .... -8

          PRESS F1 FOR DEFINITION OF POLICYHOLDER.

              [Code All that Apply]

          | DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
          | ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
          | OTHERWISE, USE NULL DISPLAY. |

          | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
          | ON THE DU-MEMBERS-ROSTER. |

          | DISPLAY 'POLICYHOLDER NOT LISTED IN DU' AND |
          | 'POLICYHOLDER DECEASED' AS LAST TWO ENTRIES ON |
          | THIS ROSTER. |

          | IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND |
          | 'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO |
          | LOOP_02 |

          | IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN |
          | COMBINATION WITH OTHER NAMES, EXCEPT 'POLICYHOLDER|
          | NOT LISTED IN DU', GO TO HP11B |

```
-------------------------------------------------------
| IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE|
| OR IN COMBINATION WITH OTHER NAMES AND/OR         |
|  'POLICYHOLDER DECEASED', CONTINUE WITH HP11A      |
-------------------------------------------------------
```

HP11A
=====

{NAME OF ESTABLISHMENT........}   {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO
IS NOT IN THE DU:

     [Enter Specify-15] ....

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

```
    -------------------------------------------------------
    | NOTE:  WHENEVER THIS POLICYHOLDER IS BEING ASKED  |
    | ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
    | POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE   |
    | DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY    |
    | THE 15 CHARACTER ENTRY AT HP11A.                  |
    -------------------------------------------------------


    -------------------------------------------------------
    | IF 'POLICYHOLDER DECEASED' SELECTED AT HP11,      |
    | CONTINUE WITH HP11B                               |
    -------------------------------------------------------


    -------------------------------------------------------
    | OTHERWISE, GO TO LOOP_02                           |
    -------------------------------------------------------
```

HP11B
=====

{NAME OF ESTABLISHMENT........}   {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

     [Enter Specify-40] ....

PRESS F1 FOR DEFINITION OF POLICYHOLDER.


```
-----------------------------------------------------
|   FLAG POLICYHOLDER AS 'DECEASED'.                 |
-----------------------------------------------------


-----------------------------------------------------
|   NOTE:  WHENEVER THE POLICYHOLDER IS BEING ASKED  |
|   ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
|   POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE  |
|   DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE |
|   FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.       |
-----------------------------------------------------
```


LOOP_02
=======


```
-----------------------------------------------------
|   FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
|   PAIRS-ROSTER, ASK BOX_04-END_LP02                |
-----------------------------------------------------


-----------------------------------------------------
|   LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION    |
|   ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH   |
|   ESTABLISHMENT-PERSON.  THIS LOOP CYCLES ON EACH  |
|   ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11|
|   DURING THE CURRENT ROUND FOR THE ESTABLISHMENT   |
|   BEING CYCLED ON IN LOOP_01.                      |
-----------------------------------------------------
```

BOX_04
======

```
-------------------------------------------------------
|   IF LOOPING ON AN ESTABLISHMENT FLAGGED IN          |
|   EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE', GO TO    |
|   BOX_07                                              |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   OTHERWISE, CONTINUE WITH BOX_05                     |
-------------------------------------------------------
```


BOX_05
======

```
-------------------------------------------------------
|   IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA),     |
|   '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE     |
|   PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER)        |
|   CONTINUE WITH BOX_06                                |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   OTHERWISE, GO TO BOX_07                             |
-------------------------------------------------------
```


BOX_06
======

```
-------------------------------------------------------
|   IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED',|
|   CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI |
|   AND GO TO HP13                                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO |
|   BOX_07                                              |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   OTHERWISE, CONTINUE WITH HP12                       |
-------------------------------------------------------
```

HP12
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

(Are/Is) (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?

```
CURRENTLY EMPLOYED ..................... 1 {HP13}
RETIRED ................................ 2 {HP13}
PREVIOUSLY EMPLOYED .................... 3 {HP13}
DECEASED ............................... 4 {HP13}
OTHER ................................. 91
REF ................................... -7 {HP13}
DK .................................... -8 {HP13}
```

     PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

                    [Code One]

```
-------------------------------------------------------
|   EDIT:  CODE '4' (DECEASED) CANNOT BE SELECTED FOR |
|   A POLICYHOLDER WHO IS A CURRENT RU MEMBER.        |
-------------------------------------------------------

-------------------------------------------------------
|   IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS     |
|   'DECEASED'.                                       |
-------------------------------------------------------
```

HP12OV
======

ENTER OTHER:

```
[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8
```

HP13
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government
employee at this job?

        YES 1
        NO 2
        REF .... -7
        DK .... -8

     PRESS F1 FOR DEFINITION OF FEDERAL GOVERNMENT.

     | DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY|
     | EMPLOYED). OTHERWISE, DISPLAY '(Were/Was)'. |

BOX_07
======

```
----------------------------------------------------
| IF ESTABLISHMENT THAT PROVIDES INSURANCE IS       |
| FLAGGED AS:                                        |
|                                                    |
| 'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN', |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE        |
| PERIOD', 'RETIREMENT JOB', OR UNION                |
| OR                                                 |
| 'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN',       |
| 'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE         |
| REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT |
| RETIRED FROM'                                      |
| OR                                                 |
| 'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE    |
| '8'; HX23-CODE '9')                                |
| OR                                                 |
| 'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT |
| CODED '1' (CURRENTLY EMPLOYED)                     |
| OR                                                 |
| 'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10') |
| OR                                                 |
| 'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')  |
| OR                                                 |
| 'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-     |
| CODE '91'),                                        |
|                                                    |
| CONTINUE WITH HP14                                 |
----------------------------------------------------


----------------------------------------------------
| OTHERWISE, GO TO HP15                             |
----------------------------------------------------


----------------------------------------------------
| NOTE:  FROM THE TAPES AND OBSERVATIONS, IT BECAME |
| OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING |
| SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE.      |
| THEREFORE, BOX_07 HAS BEEN REVISED TO SEND ONLY   |
| SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT  |
| NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.    |
----------------------------------------------------
```

HP14
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

Some employer insurance can be continued after leaving the
company by continuing to pay the premium. This is sometimes
referred to as a COBRA plan.

{Is/Was} (POLICYHOLDER)'s (ESTABLISHMENT) insurance like that
{on (END DATE)}?

```
        YES ................................... 1
        NO .................................... 2
        REF .................................. -7
        DK ................................... -8
```

PRESS F1 FOR DEFINITION OF COBRA.

```
    ------------------------------------------------------
    |  DISPLAY 'Is' IF NOT ROUND 5.  DISPLAY 'Was' IF    |
    |  ROUND 5.  DISPLAY 'on (END DATE)' IF ROUND 5.     |
    |  OTHERWISE, USE NULL DISPLAY.                      |
    ------------------------------------------------------
```

HP15
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

Was anyone {living here} covered as a dependent under
(POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
at any time {since (START DATE)/between (START DATE) and
(END DATE)}?

```
        YES .................................... 1
        NO ..................................... 2 {HP17}
        REF ................................... -7 {HP17}
        DK .................................... -8 {HP17}
```

PRESS F1 FOR DEFINITION OF DEPENDENT.

```
-----------------------------------------------------
|  DISPLAY 'living here' IF LOOPING ON CODE '12'     |
|  (OUTSIDE RU) AT HX23.                             |
|                                                    |
|  DISPLAY 'since (START DATE)' IF NOT ROUND 5.      |
|  DISPLAY 'between (START DATE) and (END DATE)' IF  |
|  ROUND 5.                                          |
-----------------------------------------------------
```

HP16
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

Who is that?

PROBE: Was anyone else covered as a dependent {since
(START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name,[Middle Name],Last Name-35]
    [2. First Name,[Middle Name],Last Name-35]
    [3. First Name,[Middle Name],Last Name-35]
    REF .... -7
    DK .... -8

[Code All That Apply]

```
 ----------------------------------------------------
|  DISPLAY 'since (START DATE)' IF NOT ROUND 5.      |
|  DISPLAY 'between (START DATE) and (END DATE)' IF  |
|  ROUND 5.                                          |
 ----------------------------------------------------


 ----------------------------------------------------
|  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
|  ON THE RU-MEMBERS-ROSTER, EXCLUDING THE NAME OF   |
|  THE POLICYHOLDER (I.E., PERSON IN THIS            |
|  ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT) FOR  |
|  THIS INSURANCE.                                   |
 ----------------------------------------------------


 ----------------------------------------------------
|  DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
|  THIS ROSTER.                                      |
 ----------------------------------------------------


 ----------------------------------------------------
|  IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG    |
|  INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR  |
|  AS 'COVERING PERSON NOT LISTED IN RU'.            |
 ----------------------------------------------------


 ----------------------------------------------------
|  GO TO BOX_08                                      |
 ----------------------------------------------------
```

HP17
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

             YES 1
             NO 2
             REF .... -7
             DK .... -8

              PRESS F1 FOR DEFINITION OF DEPENDENT.

        | DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
        | (START DATE) and (END DATE), did' IF ROUND 5. |

        | IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
        | ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
        | LISTED IN RU' IN HP16. |

BOX_08
======

        | IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO |
        | ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A |
        | DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS |
        | FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER |
        | DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS |
        | 'COVERING PERSON NOT IN RU', GO TO END_LP02 |

        | OTHERWISE, CONTINUE WITH LOOP_03 |

LOOP_03
=======

```
--------------------------------------------------------
| FOR EACH  ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-     |
| PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03               |
--------------------------------------------------------
```

```
--------------------------------------------------------
| LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD        |
| COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE   |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.    |
| THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE       |
| SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER     |
| WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS          |
| INSURANCE.                                           |
--------------------------------------------------------
```

BOX_09
======

```
--------------------------------------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.     |
|                                                      |
| AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ)     |
| SECTION, CONTINUE WITH END_LP03                      |
--------------------------------------------------------
```

END_LP03
========

```
--------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-        |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS     |
| STATED IN THE LOOP DEFINITION.                       |
--------------------------------------------------------
```

```
--------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,      |
| END LOOP_03 AND CONTINUE WITH END_LP02               |
--------------------------------------------------------
```

END_LP02
========

```
        ------------------------------------------------------
        | CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
        | PAIRS-ROSTER WHO MEETS THE CONDITIONS STATED IN   |
        | THE LOOP DEFINITION.                              |
        ------------------------------------------------------


        ------------------------------------------------------
        | IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
        | LOOP_02 AND CONTINUE WITH BOX_10                  |
        ------------------------------------------------------
```

BOX_10
======

```
        ------------------------------------------------------
        | IF LOOPING ON AN ESTABLISHMENT FLAGGED IN         |
        | EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |
        | FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO |
        | TO END_LP01                                       |
        ------------------------------------------------------


        ------------------------------------------------------
        | OTHERWISE, CONTINUE WITH HP18                     |
        ------------------------------------------------------
```

HP18
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Aside from (POLICYHOLDER)'s (ESTABLISHMENT) insurance, is there
another health insurance plan that anyone in the family obtains
from (a/an) (INSURANCE SOURCE)?

```
        YES ...................................... 1
        NO ....................................... 2
        REF ...................................... -7
        DK ....................................... -8
```

END_LP01
========

```
             -------------------------------------------------------
            |   IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
            |   ESTABLISHMENT NAME.                               |
             -------------------------------------------------------


             -------------------------------------------------------
            |   IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7'   |
            |   (REFUSED), OR '-8' (DON'T KNOW) END LOOP_01 AND    |
            |   CONTINUE WITH BOX_11                               |
             -------------------------------------------------------
```

BOX_11
======

```
             -------------------------------------------------------
            |   RETURN TO THE HEALTH INSURANCE (HX) SECTION.      |
             -------------------------------------------------------
```